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central channel portion adapted to sit within the stoma to provide an air passage therethrough into the trachea, a forward section provided with a mounting for a stoma filter, valve or the like, and a rearward mounting section comprising an area of greater cross section, for example in the form of a resilient flange, which sits within the trachea and bears onto the tracheal surface to retain the cannula within the stoma. Such devices are fabricated of material having a degree of flexible resilience, for example medical grade silicone rubber. This assists in insertion and removal. The resilient nature of the material assists in effecting a reasonable seal between the edges of the stoma and the outer face of the central portion of the cannula, but the seal is not always perfect.

In problem patients, it has in consequence sometimes proved necessary to apply an additional seal in the form of an adhesive material between the skin around the stoma in the tracheal regions and the central portion of the cannula for example comprising medical adhesive fabric sheet or tape. Such as solution is not ideal. Any such adhesive sheet or tape would need frequent changing for hygiene purposes and the used sheet or tape would then need to be discarded. The adhesive is likely to cause irritation to sensitive skin at and around the stoma, especially in patients with a sensitive or allergic reaction to generally used adhesive materials.

It is an object of the present invention to provide a mounting for a tracheostoma cannula which provides a more effective air seal between the cannula and the stoma and is provided by conventional resilient cannula materials alone.

It is a further object of the present invention to provide a mounting for a tracheostoma cannula which mitigates some of the disadvantages of mountings based on adhesive sheet or tape.

